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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 4/23/2015 12:00 AM

Fee Receipt: \$90.00

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authority (Foreign Business Entity)			FBE
Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274,275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:				
business t		profit corporation (KRS 273). led liability company (KRS 275).		I service corporation (KRS 274). I limited liability company (KRS 275).
2. The name of the entity is Gary an	d Tammy Nichols Col	nstruction, Inc.		
3. The name of the entity to be used in 1	Kentucky is (if applicable):			atomic to
	Ton	provide if "real name" is unavailal NESSEE	ole for use; otherwise	, leave blank.)
4. The state or country under whose law	tile entity is organized is	1100000		
5. The date of organization is 02/06/2	2003	and the period of duration		
(If left blank, the period of duration is considered pernetual.)				
The mailing address of the entity's pri 203 Creekside Lane	incipal office is	Woodbury	TN	37190-1684
Street Address		City	State	Zip Code
7. The street address of the entity's regi	stared office in Kentucky is	(00. 14	2 22 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
951 Cooper Drive	stored office in Rentacky is	Lexington	KY	40502
Street Address (No P.O. Box Numbers)		City	State	Zip Code
and the name of the registered agent at	hat office is Lauren R. Ni		- Cuio	2.0000
			200 000	·
8. The names and business addresses	of the entity's representatives (s	ecretary, officers and directors,	managers, trustees	or general partners):
Gary Nichols	203 Creekside Lane	Woodbury	TN	37190-1684
Name	Street or P.O. Box	City	State	Zip Code
Tammy Nichols	203 Creekside Lane	Woodbury	TN	37190-1684
Name	Street or P.O. Box	City	State	Zfp Code
Name	Street or P.O. Box	City	State	75-0-4-
		•		Zip Code
 If a professional service corporation, a and treasurer are licensed in one or mor statement of purposes of the corporation I certify that, as of the date of filing the corporation If a limited partnership, it elects to This application will be effective upon the effective date or the delayed effective 	e states or territories of the Unite is application, the above-named be a limited liability limited par in filing, unless a delayed effective	ed States or District of Columbia d entity validly exists under the la tnership. Check the box if ap re date and/or time is provided.	a to render a profess aws of the jurisdiction	ional service described in the
1			(0	Pelayed effective date and/or time)
Signature of Authorized Representative	486	Gary Nichols, Preside	ent O	4/23/2015 Date
707 102.1 10.00 10		Timed Hame & Hab		Jaco
Lauren R. Nichols		_, consent to serve as the regis	tered agent on beha	If of the business entity.
Type/Print Name of Registered Agent	Lauren	R. Nichols At	torney	04/23/2015
Signature of Registered Agent (01/12)	Printed Nam		itle	Date